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UTILITY
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Attorney Docket No.	TFM0058
First Inventor	Keith E. Grzywacz et al.
Title	ELECTRIC MOTOR WITH HALL EFFECT
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(Only for new nonprovisional applications under 37  APPLICATION ELEME	NTS			ADDRESS TO	Mail Stop P	Patent Application oner for Patents	0
(preferred arrangement set forth below  - Descriptive title of the invention  - Cross Reference to Related Ap  - Statement Regarding Fed spon  - Reference to sequence listing, or a computer program listing a  - Background of the Invention  - Brief Summary of the Invention  - Brief Description of the Drawing  - Detailed Description  - Claim(s)  - Abstract of the Disclosure	/SB/17) r fee processing) us.  tal Pages 1 plications isored R & D a table, ppendix  gs (if filed)  tal Pages 2 al or copy) cation (37 CFR with Box 18 comp  NVENTOR(S) attached deleting application, see 18(b).	4	7	CD-ROM or Computer Potide and/or Acable, all necession in Computer Potide and/or Acable, all necession in Computer Potide and/or Acable, all necession in Computer in Constitution in Computer in Constitution in Constitu	CD-R in duple rogram (Apperature Readable of Sesary)  Sutter Readable of Sesary)  Sutter Readable of Sesary  Faper CD-ROM or CD  Super of Sesary  Sutter Sutter of Sesary  Sutter of Se	va 22313-1450 icate, large table or endix) equence Submission e Form (CRF) .isting on: D-R (2 copies); or  ng identity of above co  LICATION PART r sheet & document(st	opies S s ) 10/08
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reference. The incorporation can only be reference.			IDENCE A				
X Customer Number:		00083			or Corre	espondence address bel	ow
John F. Hoffman							
Name BAKER & DANIELS			<u> </u>				
111 East Wayne Street							
Address Suite 800							
City Fort Wayne		State	Indiana		Zip Code	46802	
Country United States	Tele	phone	260-424-800	00	Fax	260-460-1700	
Name (Print/Type) Adam F Cox			Reg	istration No. (	(Attorney/Agent)	46,644	7

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Date

Oct. 16, 2003

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Serial No.	Filing Date	Examiner	Group Art Unit
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FEE TRANSMIT for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	\$1,1	176.0
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Complete if Kn wn					
Application Number					
Filing Date					
First Named Inventor	Keith E. Grzywacz et al.				
Examiner Name					
Art Unit					
Attorney Docket No.	TFM0058				

ME	METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)							
Check	Credit card	Money Other None	3. ADDITIONAL FEES					
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The Director is	s authorized to	: (check all that apply)		2,520		2,520	For filing a request for ex parte reexamination  Requesting publication of SIR prior to Examiner	
	e(s) indicated be		1804	920*	1804	920*	action	
		s) during the pendency of this application	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
		elow, except for the filing fee	1251	110	2251	55	Extension for reply within first month	
to the above-id	dentified deposit		1252	410	2252	205	Extension for reply within second month	
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1001 750	`	Utility filing fee 770.00  Design filing	1402	320	2402	160	Filing a brief in support of an appeal	
1002 330 1003 520		Plant filing fee	1403	280	2403		Request for oral hearing	
1003 320		Reissue filing	1451	1,510	1451		Petition to institute a public use proceeding	
1005 160		Provisional filing fee	1452	110	2452		Petition to revive - unavoidable	
1000 100	1 -	JBTOTAL (1) (\$) \$770.00	1453	1,300	2453		Petition to revive - unintentional	
			1501	1,300	2501		Utility issue fee (or reissue)	
2. EXTR	RA CLAIM FI	EES FOR UTILITY AND  Fee from	1502	2 470	2502		Design issue fee	
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1202 1	1	Claims in excess of 20	180	9 750	280	9 37	5 Filing a submission after final rejection (37 CFR § 1.129(a))	
1201 8		Independent claims in excess of 3	181	0 750	281	0 37	5 For each additional invention to be examined	
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1204 8	34 2204 42	** Reissue independent claims over original patent	180		1		Request for expedited examination	
1205 1	18 2205 9	** Reissue claims in excess of 20 and over original patent		ther fee	' (speci	fy)	of a design application	
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**or numbe	er previously pa	aid, if greater; For Reissues, see abov	e *R	educed	by Ba	sic Filin	g Fee Paid SUBTOTAL (3) (\$)	\$40.00
SUBMITTED BY Complete (if applicable)								
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Name (Print/Type)  Adam F. Cox Registration No. (Attorney/Agent)  46,644 Telephone 260-424-8000  Date October 16, 2003	SUBMITTED BY		 	Complete (i	f applicable)
Date October 16, 2003			46,644	Telephone	260-424-8000
	Signature	(Idadila)		Date	October 16, 2003

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